

Landrum Golf, Inc.

DBA

EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY

World of Golf

7400 Woodspoint Drive
Florence, KY 41042
(859)371-8255

Various Federal, State and Local laws prohibit discrimination based on race, color, religion, national origin, ancestry, age, handicap or marital status, we are an active equal opportunity employer. This application form is for general usage throughout the United States and the applicant should not answer any question(s) which he/she feels may violate Federal, State and/or Local law or which he/she feels is not related to the position applied for.

NAME: _____ SOC. SEC. NO.: _____

ADDRESS: _____ TELEPHONE: _____

CITY/STATE/ZIP: _____ Are you 18 years or older? YES NO

If hired, can you provide the documents required to prove that you are authorized to work in the U.S.? YES NO

Position Applied For: _____ Date Available _____

Please Circle all Days and the AM or PM shifts that you are available to work:

AM Shift Hours* 7:am - 3:pm

PM Shift Hours* 3:pm-11:pm

* Hours vary according to positions.

Have you ever worked for us before? YES NO If YES, give details on reverse side.

Have you ever applied for a position with us? YES NO If YES, give details on reverse side.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

YES
on

Within the last 10 years have you been convicted of a Felony? YES NO If YES, give details on reverse side.

Describe any physical/mental disability limitations you may have that affect the position for which you are applying.

Is there any information we would need about your name or use of another name for us to be able to check your records? YES NO

Please specify _____

EDUCATION

Type	Name/Location	Course of Study	No. Years Completed	Degree/Diploma
HIGH SCHOOL	_____			
COLLEGE	_____			
TECHNICAL	_____			
OTHER	_____			

Veteran of the U.S. Armed Forces? YES NO Service Branch _____

Date Discharged _____ Training/Experience Received _____

EMPLOYMENT RECORD

Please list all employment starting with most recent, account for all periods including U.S. Armed Forces, periods of unemployment and voluntary services.

Company Name/Address	Kind of Work	Date Started/Left	Pay	Reason for Leaving
1. _____				

2. _____				

3. _____				

4. _____				

ANY ADDITIONAL INFORMATION: _____

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment any time, or for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the company will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize all individuals, schools, firms named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature: _____ Date: _____

APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE

Interviewed by: (1) _____ (2) _____

Starting Date: _____ Rate: _____

Other Compensation (if any): _____

Location: _____ Dept: _____